

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10789303
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5		/		/		
6		/		/		
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18		/		/		
19		/		/		
20		/		/		
21	10		3			
22	5		3			
23	5		3			
24	5		3			
25	5		3			
26	6		4			
27	2		4			
28	2		3			
29	5		5			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
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47						
48						
49						
50						
TOTAL IND.	6		4			
TOTAL DEP.	61	←	52	←		
TOTAL CLAIMS	67		56			

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←		←		
TOTAL CLAIMS						